



PENSION APPLICATION FORM

Complete this form to apply to become a member of the Future Super Pension Plan.

Please ensure that you read and understand the Product Disclosure Statement (PDS) for the Future Super Pension Plan before completing this form. You can obtain a copy of the Future Super Pension Plan PDS from www.myfuturesuper.com.au or on request by phoning 1300 658 422.

This form must be posted to Future Super PO Box 1282, Albury, NSW

Section 1 Personal Details

Given name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Title	<input type="text"/>				
Date of birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address*	<input type="text"/>				
Residential address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies. You can elect to receive communications by post at any time by contacting Future Super on 1300 658 422 or email info@myfuturesuper.com.au or in writing at **PO Box 1282, Albury, NSW**

Section 2 Tax File Number

If you are not already the holder of an existing Future Super accumulation account, please provide your Tax File Number.

Tax File Number	<input type="text"/>
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Under the Superannuation Industry (Supervision) Act 1993, the Trustee is authorised to collect your TFN. It's not compulsory to tell us your TFN, nor is it an offence not to do so. However, if you don't tell us your TFN before- tax contributions and withdrawals are taxed at a higher rate, we can't accept after- tax contributions from you, and we will not be able to find your lost super

By providing my TFN, I declare that I have read and understood the important information about my Tax File Number in the **Future Super Pension Plan PDS** and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits.

Section 3 Investment Selection

By completing this Pension Application Form you hereby direct the Trustee to invest 100% of your pension account balance into the Future Super Balanced Growth Pension investment option.

Section 4 Source of Funds

Please indicate the source(s) of funds that will be used to establish your pension account.

Rollover from my Future Super accumulation account Yes No

Rollover from one or more other superannuation funds Yes No

Personal Contribution Yes No

If you are rolling over money from one or more other superannuation funds, you will need to complete a Rollover Form available from www.myfuturesuper.com.au or on request by calling 1300 658 422 and provide it to us together with this Form.

If you are making a personal contribution, you will need to complete a personal Contribution Form available from www.myfuturesuper.com.au or on request by calling 1300 658 422 and provide it to us together with this form.

If you are rolling over from your Future Super accumulation account, please provide your Future Super Member Number and indicate if you will be moving a specific amount or the full balance below.

Future Super Member Number

I wish to rollover my full balance from my Future Super accumulation account
I understand that this will result in the closure of my accumulation account and the loss of any insurance cover I held through this account.

Or

I wish to rollover \$ from my Future Super accumulation account
I understand that I must leave at least \$200 in my accumulation account for it to remain open and that a larger balance should be left if I wish to continue to hold insurance cover through this account.

Section 5 Condition of Release

Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment. If you are eligible, please complete one of the following declarations to allow your benefit payment to be processed.

- I have reached my preservation age, have ceased employment and permanently retired from the workforce.
- I am at least 60 years of age and I have changed jobs since attaining age 60.
- I am at least 65 years of age.

Section 6 Payment Instructions

Your first payment will generally be made on the 15th of the month following the month that we receive your completed application. We will confirm your payment start date once your pension has been established.

Please indicate the frequency you wish for your payments to be made:

- Monthly
- Quarterly
- Half-yearly
- Annually

Please indicate the amount you will regularly withdraw from your pension account:

- The minimum allowable payment
- A specific amount of \$ _____ per payment

Section 7 Bank Account Details

Please provide us with the details of the Australian bank account that you would like your regular pension payments to be made into. The account must be in your name or in an account held jointly between you and another person.

Account Name

BSB

Account Number

Section 8 Verification of Identity

Electronic verification.

By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party green id validation provider, including confirming the validity of your document with the original document issuer.

You must provide at least 2 of the following documents (if you are unable to provide this information you will need to provide certified ID):

Australian Passport Please complete the details exactly as they appear on your Passport

Passport Number

First Name

Last Name

Date of Birth

Sex

Medicare Card Please complete the details exactly as they appear on your Medicare Card

Card Number

Reference Number

First Name

Last Name

Date of Birth

Card Expiry Date

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence Number

State of Issue

First Name

Last Name

Date of Birth

Section 9 Nominating a Beneficiary

You can choose between nominating a reversionary beneficiary to continue to receive your pension payments following your death, or more or more beneficiaries to receive your account balance as a lump sum following your death. For more information, see Section 4 - Nominating Beneficiaries of the Future Super Pension PDS.

As there are different tax and social security consequences depending on who receives your pension after your death, we recommend that you seek tax and financial advice from a qualified adviser when making or changing any nomination of beneficiary.

Please choose one option only.

Option 1 – I want to make a reversionary beneficiary nomination

If you do not nominate a reversionary beneficiary before your pension commences, you cannot do so later. A reversionary beneficiary nomination can only be changed under exceptional circumstances. Please enter the details of your reversionary beneficiary below.

Option 2 – I want to make a beneficiary nomination

Please indicate from the below options if this nomination will be a Non-lapsing Binding nomination, or a non-binding nomination. You can find further details about the types of beneficiaries you can make in Section 4 of the Future Super Pension Plan PDS available at www.myfuturesuper.com.au

I wish to make a Non-Lapsing Binding Nomination*

I wish to make a Non-Binding Nomination**

*Provided your binding nomination is valid at the time of your death, the Trustee will be bound to follow it. A non-binding nomination will be considered by the Trustee in distributing your death benefit, but depending on if your circumstances had changed the Trustee may make a different decision. In order for your nomination to be a valid binding nomination, two witnesses must sign and date the declaration below it.

**The Trustee will have regard to your preferred beneficiary nomination, but may decide to pay your death benefit differently. Please enter the details of one or more preferred beneficiary below.

Beneficiary Details

If you would like your benefit to be paid to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option, otherwise please complete the details of the people you would like your benefit to be paid to as well as the percentage of the benefit they should receive. The total must add to 100%.

Legal Personal Representative

Beneficiary 1

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 3

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 4

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 5

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to nominate more than 5 beneficiaries, please include more than one copy of this page.

* Please select from: Spouse, Child, Financial Dependant, or Interdependency Relationship.

By nominating a beneficiary, I declare that:

- In the event of my death any benefit payable should be paid in accordance with the instructions on this form.
- I understand that to the extent my nomination is non-binding or invalid the Trustee may not pay my benefit to the person(s) named in this form.
- It is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
 - I have read, understood and agree to the above declarations.

x.....
Signature

...../...../.....
Date

If you are making a binding nomination, two witnesses must sign and date this declaration.

I declare that:

- I am 18 years of age or over;
- I am not a nominated beneficiary of this member; and
- this binding nomination was signed and dated by the member in my presence.

Witness 1

x

.....
Signature

...../...../.....
Date

.....
Print name

DOB/...../.....

Witness 2

x

.....
Signature

...../...../.....
Date

.....
Print name

DOB/...../.....

Section 10 Declaration and Signature

By completing the application form, I declare that:

- I have received all the information I require in order to exercise the choices I have made.
- I accept that I will be bound by the provisions of the trust deed and rules which govern the operation of Future Super.
- All the details I have provided for this application are true and correct.
- I have made an informed decision because I have read and understood the Future Super Pension Plan PDS to which this application applies.
- I acknowledge that no representation has been made to me by or on behalf of Future Super other than those contained in the Future Super Pension Plan PDS.
- I have read and understood the Privacy Statement in the Future Super Pension Plan PDS.
- I am aware that Future Super will have records of my personal information, and consent to my information being used and/or disclosed to administer my investment, provide information to me, conduct market research and analysis, develop products and meet regulatory obligations, until I notify Future Super otherwise.
- By providing my email address, I consent to and authorise Future Super to send communications or information in electronic format, including information required by law, to me via email or similar technologies.
- If I have provided my TFN, I declare that I have read the important information about my TFN and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits.
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither Future Super, nor the Trustee of the Fund, guarantee a return of capital or the performance of my investment.
- I have read, understood and agree to the above declarations.

I consent to Future Super Investment Services Pty Ltd, in its role as Fund Promoter, receiving a portion of the Fees and Costs as set out in section 7 of the Future Super Pension Plan PDS. This fee is estimated to be between 0.294% to 0.311% of your account balance per annum which is accrued and reflected in the calculation of the unit price, plus the annual flat dollar administration fee of \$93.60 per annum, for the 2019-2020 financial year.

I consent to Future Super Investment Services Pty Ltd, in its role as Investment Manager, receiving a portion of the investment management fee as set out in the Fees and Costs section of the Future Super Pension Plan PDS. This fee is estimated to be equal to 0.2% of your account balance per annum for the 2019-2020 financial year which is accrued and reflected in the calculation of the unit price.

Before you sign this Application Form, the Trustee is obliged to give you a PDS for the Future Super Pension Plan (which is a summary of important information relating to this product). The Future Super Pension Plan PDS can be obtained from www.myfuturesuper.com.au or on request by phoning 1300 658 422. The PDS will help you to understand and decide if the Future Super Pension Plan is appropriate to your needs.

x

.....

Signature

...../...../.....

Date

.....

Print Name

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.myfuturesuper.com.au/privacy or phone 1300 658 422.